Performance

Report

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This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Dudley Foord House (**the service**) has been considered by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit, the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed confirmed that consumers are treated with dignity and respect.
* Consumers and representatives can communicate their wishes and are supported to make decisions on how they would like things done.
* Consumers can live their life according to reasonable preferences and are supported to do so by staff.
* Consumers and representatives are provided information to assist them in making decisions and exercising choice.
* The service respects consumers’ privacy and maintains confidentiality of their personal information.

Consumer files sampled included individualised information about each consumer’s specific emotional, spiritual and cultural needs. Staff sampled consistently spoke about consumers in a manner that indicated respect and an understanding of consumers’ personal circumstances and life journey. Staff were familiar with individual consumer’s past and current circumstances and described how these aspects impact delivery of care and services. Policy and procedure documents are available to guide staff practice and reflect and support an inclusive, consumer centred approach to the provision of care and services.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. For consumers sampled, staff described how each consumer is supported to make informed choices about their care and to maintain relationships of choice. Care files demonstrated consumers had appointed various representatives to participate and support them in choice and decision-making processes, including during care and service review processes.

Consumers confirmed they can live their life according to their preferences and are supported to do so. Care files demonstrated that where a consumer had chosen to engage in an activity with an element of risk, consultation with consumers and/or representatives and medical officer and/or allied health professional had occurred, risk assessments had been completed outlining risks involved and management strategies had been developed. Staff were knowledgeable of the service’s policies and procedures relating to dignity of risk and for consumers sampled, described strategies they implement to minimise impact of risks.

Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a variety of channels, including meeting forums, newsletters and noticeboards. Staff described how information is provided to consumers with communication difficulties and cognitive impairment. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

**Standard 2**

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Representatives interviewed expressed satisfaction with communication in relation to care and service assessment outcomes.

Two consumers said they have a copy of their care plan. One representative said they were offered a copy of the consumer’s care plan and other representatives said they could ask for a copy of the care plan.

Representatives indicated the staff had discussed their relative’s care including advance care directives and risks including psychotropic medications had been discussed with them.

Most consumers and representatives said they are happy with their care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Overall consumers and representatives were satisfied with the care and services provided and said staff were kind and caring.
* Most consumers and representatives interviewed said they were satisfied with how staff responded when they were unwell and the timely treatment they received. They confirmed they have access to a medical officer or other health professional when they need it.

Overall, the service’s residential manager, care manager and care coordinator supported by registered nurses have effective clinical oversight of consumers’ clinical care.

The Assessment Team identified inconsistencies in relation to evaluation of interventions to ensure care is tailored to a consumer’s need and is consistently optimising their health and wellbeing, however, due to the overall clinical oversight occurring for consumers this Standard is met.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed said they are supported to do things of interest to them including individual activities where they choose.
* Consumers interviewed said they are encouraged to maintain relationships with others at the service and in the community.
* Consumers and representatives interviewed said they enjoy the dining experience, the food is of good quality and quantity, and they can provide their feedback in person and in writing about all aspects of the menu and food service.
* The service has a lifestyle program that is developed by the life enrichment team in collaboration with consumers and representatives and runs 7 days of the week.
* The service provides the nutritional and/or hydration needs in consideration of the consumers’ preferences, dietary needs and spiritual and cultural backgrounds. The menu offers choices and alternatives and the servery supervisor liaises with consumers during meal service and receives direct feedback.
* The service provides equipment to support the consumer in maintaining their independence and ensure it is safe and suitable for use.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and representatives confirmed they are able to move freely around within the service including access to outdoor areas.
* Consumers and representatives confirmed they are able to personalise their rooms if they chose to, with items important to them.
* The service was observed welcoming visitors and assisting with their navigation around the service
* Consumers were supported to move around the service independently through use of handrails and mobility aids in corridors or with support from staff.
* Outdoor courtyards were secure and were observed to have paved areas, gardens with tables and chairs for consumers and visitors.
* Staff, consumers and representatives could describe the process for reporting maintenance issues and any hazards.
* Reactive maintenance was observed being recorded in the maintenance logbook and planned maintenance with external contractors was scheduled and managed through head office.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

The consumers and representatives interviewed on this topic confirmed they are able to provide feedback and raise issues with management and staff. Some consumers and representatives preferred to speak with staff about any concerns or queries they may have so they do not always need to escalate issues to management or make formal complaints.

The organisation has a forum for consumers across the various residential aged care services to provide feedback to senior management through the Wise Elders meetings. At a site level there are monthly resident meetings as well as an opportunity to sit and talk with the manager on a weekly basis.

The organisation has systems to monitor feedback and complaints to ensure action is being undertaken to resolve concerns in a timely manner.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Feedback from consumers indicated that they felt staff were respectful, kind and caring when assisting them and other consumers. This was also confirmed in discussions with representatives.

The organisation has systems in place to ensure staff have the appropriate qualifications to perform their roles. As part of this process the workplace trainer monitors completion of mandatory education topics and undertakes an assessment on these topics to ascertain staff members understand the course material.

A performance assessment or appraisal is undertaken with staff on an annual basis and provides an opportunity for management and staff to identify and discuss any further training requirements or career developments.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers and representatives generally reported that they felt the service was well run. Two consumers advised that they are engaged with the organisation in the development and evaluation of care and services being provided through a consumer committee called the ‘Welders’ which stands for ‘wise elders”. Discussions are held and attendees are able to bring forward issues as well as provide feedback to other consumers following meetings. Consumers are also able to be actively involved in discussions through the ‘Resident of the Day’ which also involves discussions on any issues which may be of concern to the consumer or their representative.

The organisation demonstrated it has governance systems in place to manage the delivery of safe and quality care and services. The organisation provides oversight across a range of management systems which include undertaking audits and surveys to monitor performance both at the site level and organisational level as well as monitoring of incident and accident data. Information obtained through these processes enables senior management to monitor for any trends. This in turn enable management to develop and implement strategies to minimise risks to consumers.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)